Service Evaluation

The WV Small Business Assistance Program (SBAP) recently assisted your company on an air-related issue. Please rate our performance below and return this form in the enclosed self-addressed envelope. THANK YOU!

| addressed envelope. THANK YOU | ! | | | | |
|---|----------------|---------------------|--------------|--------------|----------------|
| | 5 Excellent | 4 Very good | 3 Good | 2 Fair | 1 Poor |
| A. 1. Overall program rating | . G | G | G | G | G |
| 2. Ultimate value of information to you | G | G | G | G | G |
| 3. Quality of Assistance | _ | G | G | G | G |
| 4. Quantity of Assistance | | G | G | G | G |
| 5. Timeliness of Assistance | _ | G | G | G | G |
| B. Did the SBAP provide assistance to yo | our facility | by (mark all t | hat are app | olicable): | |
| Phone Consultation G Site Visit G | C a | lculations G | Offic | ce Meeting (| 3 |
| C. What SBAP recommendations has yo G None to Date G Started/Imp G Installed Control Equipment | | rd Keeping | G CI | nanged Solve | ents/Materials |
| D. How would you rate your knowledge you received from the SBAP? (Please BEFORE 1 2 3 4 5 | _ | • • | $5 = \exp i$ | | e assistance |
| E. Would you recommend the SBAP | to other bu | sinesses? (Pl | ease circle | one) Yes | No No |
| F. How did you hear about the SBAF | P (check all | that apply)? | | | |
| Trade Organization | ` | Bank | | | |
| Equipment Vendor | _ | WV DEP In | spector | | |
| Direct Contact by SBAP | <u></u> | Consultant | | | |
| Word of Mouth | <u> </u> | Business De | velopment | Center | |
| E. How can the SBAP do a better job the strengths and/or deficiencies of | - | _ | | • | |

Comments: